2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-21-2005 90094 015 ***150.00

DOCUMENT # P97000048272

1. Entity Name
CYGNUSARTS, INC.

Principal Place of Business	Mailing Address
4888 DAVIS BLVD #660 NAPLES, FL 34104 US	4888 DAVIS BLVD. SUITE 660 NAPLES, FL 34104 US

66012620

03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3451069
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, DAVID L
28000 SPANISH WELLS BLVD., STE. 220
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PFLUEGER, ERIK J
STREET ADDRESS	4888 DAVIS BLVD #660
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	PFLUEGER, JOHN W
STREET ADDRESS	4888 DAVIS BLVD #660
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	PFLUEGER, GERALDINE S
STREET ADDRESS	4888 DAVIS BLVD #660
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geraldine Pflueger 4-16-05 239-263-7111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Geraldine Pflueger